



# Patient Satisfaction Survey

## Summary of Results

Number of Surveys Sent: **560**      Number of Surveys Returned: **410 (73.2%)**

1. Was the enrollment application easy to complete?      # Yes: **401**      # No: **0**

2. How helpful was the program staff with regard to the following items?

	# of Responses						Mean	Std Dev
	Very Good (5)	Good (4)	Fair (3)	Poor (2)	Very Poor (1)	N/A (0)		
a) Providing your application to you in a timely manner	<b>380</b>	<b>28</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4.92</b>	<b>0.29</b>
b) Processing your application in a timely manner	<b>379</b>	<b>27</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4.91</b>	<b>0.31</b>
c) Providing educational materials about the colonoscopy	<b>366</b>	<b>34</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4.89</b>	<b>0.36</b>

3. Was the program staff friendly and easy to talk with?      # Yes: **397**      # No: **0**

4. If you received telephone calls from Wanda Webb, the program nurse, please rate the following services she provides:

	# of Responses						Mean	Std Dev
	Very Good (5)	Good (4)	Fair (3)	Poor (2)	Very Poor (1)	N/A (0)		
a) What to expect with the screening process	<b>366</b>	<b>38</b>	<b>3</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>4.88</b>	<b>0.36</b>
b) Receiving a call on your prep day (the day before your procedure)	<b>344</b>	<b>37</b>	<b>4</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>4.87</b>	<b>0.40</b>
c) Listening to your concerns and answering your questions	<b>378</b>	<b>21</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>4.91</b>	<b>0.41</b>
d) Receiving a follow-up call after the appointment to check on your status	<b>362</b>	<b>26</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>9</b>	<b>4.90</b>	<b>0.42</b>

5. Did you have problems with any of the following?

a) Getting transportation home after your procedure      # Yes: **4**      # No: **392**

b) Getting time off work for your screening appointments      # Yes: **5**      # No: **400**

c) Days and times screening appointments were available      # Yes: **22**      # No: **386**

d) Waiting a long time for your screening appointments      # Yes: **23**      # No: **385**

6. Were you pleased by the way you were treated by the doctor?      # Yes: **399**      # No: **8**

7. Were you pleased by the way you were treated by the staff at the hospital or surgery center?      # Yes: **404**      # No: **6**

8. Would you recommend this program to a friend or family member      # Yes: **404**      # No: **2**